11/06/00

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.: S-94,752

First Inventor or Application Identifier: Donna L. Robinson

Title: METHOD AND APPARATUS FOR BIOLOGICAL MATERIAL SEPARATION

Express Mail Label No: EJ425551186US

APPLICATION ELEMENTS	Box Patent Application ADDRESS TO: Assistant Commissioner for Patents Washington, DC 20231					
* Fee Transmittal Form (e.g. PTO/SB/17) (submit an original and a duplicate for fee processing)	6. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)					
2. Applicant claims small entity status. See 37 CFR 1.27.	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy					
3. ☑ Specification [Total Pages 24] ☑ Descriptive title of the Invention ☐ Cross References to Related Applications ☑ Statement Regarding Fed sponsored R&D	 a.					
Reference to sequence listing, a table	ACCOMPANYING APPLICATION PARTS					
or a compute program listing appendix ☑ Background of the Invention ☑ Brief Description of the Drawings (if filed)	8. Assignment Papers (cover sheet & documentation)					
 ☑ Detailed Description ☑ Claim(s) 	9. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney					
Abstract of the Disclosure 4. ☑ Drawings(s) (35 U S.C.113)[Total Sheets 3]	10. ⊠ Information Disclosure ⊠ Copies of IDS Statement (IDS)/PTO-1449 Citations					
☐ Formal ☐ Informal	11. ☐ Preliminary Amendment					
5. ☐ Declaration & Power of Attorney [Total Pages]	 12. ☐ Return Receipt Postcard (MPEP 503) (should be specifically itemized) 13. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed) 					
a. Newly executed (original or copy) b. Copy from a prior application (37 c F.R§ 63(d)						
(for continuation/divisional with Box 16 completed)						
c. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).	14. ☐ Other:					
16. If a CONTINUING APPLICATION, check appropriate bo	x, and supply the requisite information below and in a preliminary amendment:					
☐ Continuation ☐ Divisional ☐ Continuation-in-	part (CIP) of prior application S.N/					
Prior application information: Examiner	Group/Art Unit:					
	of the prior application, from which an oath or declaration is supplied under Box 4b, is or divisional application and is hereby incorporated by reference. The incorporation <u>can</u> n the submitted application parts.					
16. CORRE	SPONDENCE ADDRESS					
Name: Gemma Morrison Bennett						
Address: Los Alamos National Laboratory LC/BPL, MS D412						
City: Los Alamos State: New Mexic	o Zip Code 87545					
Country United States Telephone: (505) 66	7-6989 Fax: (505) 665-3100					
Name and a Commo Marriago Bonnott Besistantian No. 44 540						
Name (Print/Type): Gemma Morrison Bennett Registration No. (Attorney/Agent): 34,516						
Signature: Lizana ma a // (a.u. u.a. m. L. Date: February 12, 2001						

FEE TRANSMITTAL For FY 2001

Patent fees are subject to annual revision Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid.

		Complete if Known					
	Application Number:						
	Filing Date:	February 12, 2001					
I	First Named Inventor:	Donna L. Robinson					
I	Examiner Name:						
	Group/Art Unit:						
7	Attorney Docket No :	S-94 752					

fees must be paid.	Group/A				
	Attorney Docket No.:		o.:	S-94,752	
METHOD OF PAYMENT	FEE CALCULATION (continued)				
The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory Charge Any Additional Fee Required Under	3. ADD Large Entity Fee	ITIONAL I Small Entity Fee	FEES	ription	
37 C.F.R. 1.16 and 1.17, but not under 1.18. ☑ Applicant claims small entity status. See 37 CFR 1.27	\$130 \$50	\$65 \$25	•	- late filing fee or oath	Fee Paid
FEE CALCULATION	·	,		- late provisional filing fee or cover	rsneet
	\$2,520	\$2,520		request for reexamination	
1. BASIC FILING FEE	\$110	\$55		for reply within first month	
Large Entity Small Entity	\$390	\$195		for reply within second month	
Fee Fee Fee Description Fee Paid	\$890	\$445		for reply within third month	
\$710 \$355 Utility filing fee 355.00 \$710 \$355 Reissue filing fee	\$1,390	\$695		for reply within fourth month	
\$150 \$75 Provisional filing fee	\$1,890	\$945	Extension	for reply within fifth month	
SUBTOTAL (1) \$355.00	\$310	\$155	Notice of A	• •	
SUBTOTAL (1) \$355.00	\$310	\$155	Filing a bri	ef in support of an appeal	
SMALL ENTITY DATE:	\$270	\$135	Request fo	r oral hearing	
říj	\$110	\$55	Petition to	revive – unavoidable	
1 12	\$1,240	\$620	Petition to	revive – unintentional	
1. The state of th	\$130	\$130	Petitions to	the Commissioner	
2. EXTRA CLAIM FEES	\$ 50	\$50	Petitions re	elated to provisional applications	
Extra Fee from Fee Paid Claims Below	\$ 180	\$180	Submission	n of Information Disclosure Stateme	ent
Total Claims 27 –20** = 7 X 9 = 63.00 Independent 3 –3 ** = 0 X = 0.00	\$710	\$355	Filing a sub (37 CFR 1.1	omission after final rejection 129 (a))	
Claims Multiple Dependent = 63.00	\$710	\$355		dditional invention to be 37 CFR 1.129(b))	
** of number previously paid, if greater; For Reissues, see below Large: Small Entity Entity	\$300	\$300	Publication or normal p	fee for early,voluntary, publication	
Fee Fee Description	Other fee	Other fee (specify)		·····	
\$18 \$9 Claims in excess of 20 \$80 \$40 Independent claims in excess of 3	Other fee	Other fee (specify)			
\$270 \$135 Multiple dependent claim, if not paid.		(25.00.3)		A1 (0)	
\$80 \$40 ** Reissue independent claims over original patent			SUBTOTA	4L (3)	\$
\$18 \$9 ** Reissue claims in excess of 20	Reduced by	Basic Filing	Fee Paid		
and over original patent SUBTOTAL (2) \$63.00			SUBTOTA	AL FROM 1 AL FROM 2 AL FROM 3	\$355.00 \$ 63.00 \$
			IUIALA	MOUNT OF PAYMENT	\$418.00

SUBMITTED BY			Complete (if applicable)		
Printed Name: Gemma Morrison Bennett		Reg. No.	34,516		
Signature:	Jemma Morrison Senneth Date: 02/12/01	Telephone	(505) 667-6989		